

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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3	/		/			
4		3		/		
5		3		/		
6		3		/		
7		3		/		
8		3		/		
9		3		/		
10		①		/		
11		①		/		
12		①		/		
13		3		/		
14		3		/		
15		3		/		
16		①		/		
17		①		/		
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19		3		/		
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21		①		/		
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23		3		/		
24		②		/		
25		①		/		
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TOTAL IND.			3			
TOTAL DEP.			28			
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						